

**TRANSMITTAL OF  
UTILITY  
APPLICATION  
UNDER 37  
C.F.R. §1.53**

Attorney Docket No.	24731-500E
First named inventor	Micheal L. Gruenberg
Express mail label #	EL147701057US
Date of mailing	July 31, 1998

Jc135 U.S. PTO  
 09/127138  
 07/31/98

**Application Elements**

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 90 pages  
(including claims and Abstract)
  - a. Title: AUTOLOGOUS IMMUNE CELL THERAPY:  
CELL COMPOSITIONS, METHODS AND  
APPLICATIONS TO TREATMENT OF HUMAN  
DISEASE
  - b. Number of claims: 153 (as originally  
filed)
3. ☐ \_\_\_ sheets of drawings with \_\_\_ Figs.
4. ☒ Unexecuted Declaration listing name of  
inventor with new correspondence address for  
the undersigned; copy of Declaration from prior  
application
5. ☐ Sequence Listing
  - ☐ Paper copy (identical to computer copy)
  - ☐ Computer readable copy
  - ☐ Verified statement

**Accompanying Application Papers**

6. ☒ Copy of assignment from prior
7. ☒ Copy of Small Entity Statement  
filed in prior application
8. ☒ Preliminary Amendment
9. ☒ Return Receipt Postcard

**SIGNATURE OF ATTORNEY/AGENT**

HELLER EHRMAN WHITE & McAULIFFE

*Stephanie Seidman*  
Stephanie Seidman

Registration Number: 33,779

☒ Divisional application of prior application No: 08/700,565, filed July 21, 1996, which claims the benefit of priority under 35 U.S.C. §119(e) to provisional application 60/044,693, filed on July 26, 1995.

**CORRESPONDENCE ADDRESS**

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe	
Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037	
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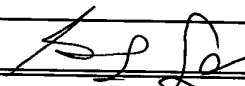
09127138 07/31/98

<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	6870-500E
	First named inventor	Micheal L. Gruenberg
	Express mail label #	EL147701057US
	Date of mailing	July 31, 1998

**FEE CALCULATION FOR CLAIMS AS AMENDED**

a)	Basic Fee		\$ 790.00
b)	Independent Claims <u>18</u> - 3 = <u>15</u> x \$ 82.00		\$1,230.00
c)	Total Claims <u>81</u> - 20 = <u>61</u> x \$ 22.00		\$1,122.00
d)	Fee for Multiple Dependent Claims - \$260.00		\$ 0.00
<b>TOTAL FILING FEE</b>			<b>\$3,142.00</b>

- [X] Executed Statement(s) of Status as Small Entity in Parent application reducing Fee by one-half to \$1,571.00
- [ ] A check in the amount of \$ .00 to cover the fee for filing the application.
- [X] Charge \$1571.00 to Deposit Account No. 08-1641.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

<b>CORRESPONDENCE ADDRESS</b>			
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Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037		
	Telephone: 619.450.8400	Facsimile: 619.450.8499	
Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 07/31/98	Deposit Account 08-1641

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